

Non-Travel Reimbursement Form

JHU AFFILIATION:

JHU FACULTY

JHU STAFF

JHU STUDENT

BUSINESS PURPOSE

EMPLOYEE/STUDENT:

NAME _____

PERNER# _____

***LIST EACH RECEIPT SEPARATELY AND INCLUDE DESCRIPTION (EX. BREAKFAST, LUNCH, DINNER, RESEARCH TOPIC, TYPE OF SUPPLY, ORGANIZATION NAME)**

Date	Account to Charge	Description	Business Meal	Supplies	Membership/Dues	Other Misc.	Total
TOTAL							

I, _____ certify these expenses were incurred in conjunction with JHU business activities and that vacation was not a major consideration.
PAYEE SIGNATURE

***** IF YOU ARE NOT THE ACCOUNT HOLDER PLEASE OBTAIN AUTHORIZATION*****

ACCOUNT HOLDER NAME

ACCOUNT HOLDER SIGNATURE

TODAY'S DATE